

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 04, 2004 8:00 A.
Secretary of State

DOCUMENT # P03000039197					
1. Entity Name PROCESSING CENTER OF FLA., INC.					
Principal Place of Business 2655 LE JEUNE ROAD PH 1-D CORAL GABLES, FL 33134			Mailing Address 2655 LE JEUNE ROAD PH 1-D CORAL GABLES, FL 33134		
2. Principal Place of Business 782 NW 42ND AVE		3. Mailing Address 782 NW 42ND AVE			
Suite, Apt. #, etc. #440		Suite, Apt. #, etc. #440		10052004 REIN-P CR2E098 (6/04)	
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 05-1184381	
Zip 33126		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33126		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAVULICH, JEROME J ESQ. 2655 LE JEUNE ROAD PH 1-D CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Ramiro A. Areces Street Address (P.O. Box Number is Not Acceptable) 782 NW 42 Ave, #440 City Miami, FL City FL Zip Code 33126		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		RAMIRO A. ARECES		DATE 10/05/04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORALES, EVA 2356 S.W. 15TH STREET MIAMI, FL 33145	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700041653987 10/06/04--01047--011 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		EVD NORDLES		Date 10-09-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	